

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s) Stuart D. Trachy

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JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
(Name of partners	hip, firm or corporation)		
Two Eagle Square	Concord	NH	_03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822		email strachy@aol.com	
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w	se one — file separate repor hich are not attributable t	rts for each client, OR you may file to any one client).	a separate report for
All reportable transactions occu	urring in the month prior to	the reporting date relative to the follo	wing client:
NH State Chiropractic Societ	v		
(Full	Name of Client as it appears	s on the Lobbyist Registration Form)	
OR All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lo	obbyist's family), or the lobbying firm	n listed below which are
IV. Date of Report April 26, 2 Reports cover: activity from date of October 2 activity from 7/	5, 2017 🗌	July 26, 2017  activity from 4/1/17 to 6/30/17  January 31, 2018  activity from 10/1/17 to 12/31/17	
V. There have been no fees receive	ed and no reportable trans	sactions made since the last report. the Secretary of State's Office, State H	ouse, Room 204,
If you have paid an honor Expense Reimbursement	or made expenditures, you r arium or reimbursed expens	must file <b>Addendum A</b> – Fees and Ex ses, you must file <b>Addendum B</b> – Rep ontributions, you must file <b>Addendu</b>	ort of Honorariums or
the best of my knowledge and belie	RSA 664 and hereby swear	or affirm that the foregoing informat	_
Stuart D. Trachy (Print Name of lobbyist)			



## STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

11.	Name of lobbyist's partnership, firm or corporation, if any:	
	(Name of partnership, firm or corporation)	
III.	Name of Client NH State Chiropractic Society	Date January 26, 2018
Ind incl	Fees Received icate the gross amount of all fees received from the client identified above th luding fees for services such as public advocacy, government relations, on intoring legislation, and related legal work. The gross fee amount reported sha	or public relations services including resear-
a)	Total of all fees received in this reporting period	a) \$ 7500
b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ <u>3750.</u>
c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>11250.</u>
d)	Indicate the amount of any such fees that are due, but have not yet been paid	1 d) \$
Lob repount cate and mea give less any to b	Expenses:  obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expenselated to any one client a separate report may be filed for the lobbyist(s)/firegories of expenses: (a) the aggregate total of all expenses paid during the report of the expenses; (b) the aggregate total of all individual expenses where the also purchased during a business lunch where the cost was \$25.00 or less, purchent to the person being lobbied, purchase of a ceremonial object given to a so; and (c) an itemized statement of each individual expenditure made during of purpose not covered by (a) (for example: purchase of a meal with value of going egiven to the subject of lobbying with a value greater than \$25, but not great eption). Expenses for honorariums, expense reimbursement, or political contractions are to be reported on Addendum A.	aditures are made by the lobbyist(s)/firm that a rm. Expenses are to be reported in one of the corting period for salaries, benefits, support state expenditure was of \$25.00 or less (for examphase of a pen with a value of less than \$10 that person being lobbied with a value of \$25.00 at this reporting period of greater than \$25.00 are than \$25,00 a
a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>7500,</u>
b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c)	Total of all itemized expenditures reported in detail in section VI.	c) \$

d)	Total expenses for this reporting period	d) \$ 7500.
	(Add lines a, b and c)	
e)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report	e) \$ <u>3663.38</u>
f)	Total of all expenses year to date	F) \$ <u>11163.38</u>
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from louding by whom paid or to whom charged.	obying fees during this reporting period,
Pai	d:	Amount:
_		\$
_		\$
_		\$
		\$
		\$
		\$
Sw	orn Statement/Affirmation by Lobbyist	
I ha	ave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that thrue and complete to the best of my knowledge and belief.	e foregoing information
(Si	gnature of lobbyist) Janu	(Date)
	uart D. Trachy int Name of lobbyist)	